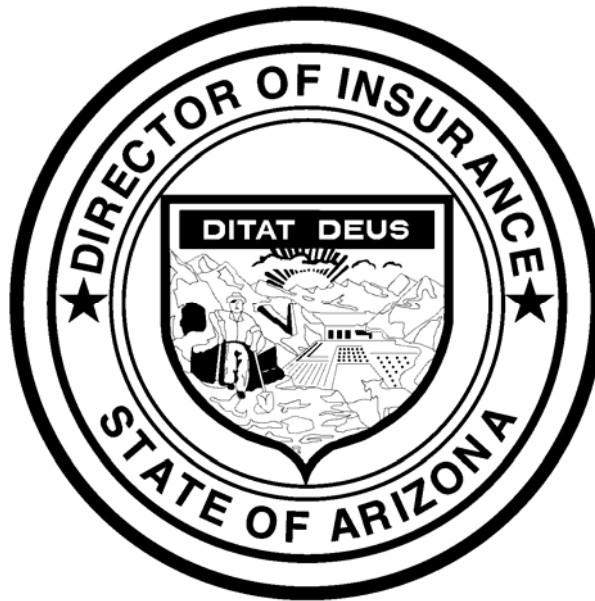


# INSTRUCTIONS FOR FORM L-176

## *Insurance License Application for a Business Entity*



***For applications received by the Department of Insurance  
on or before June 30, 2011***

- ☐ **Carefully read the instructions.** The instructions describe additional forms or documents that may need to be submitted with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.
- ☐ **Clearly print in ink or type all information except signatures, which must be signed in ink.**
- ☐ **Carefully review the application before submitting it.**
- ☐ **QUESTIONS?** Before calling the Department of Insurance, please see if you can find the answer to your question from the "Resources for PRODUCERS" section of the Department of Insurance Internet web site: [www.azinsurance.gov](http://www.azinsurance.gov)

***For questions not addressed on our web site, contact the Insurance Licensing Section:***

- E-mail: [Licensing@azinsurance.gov](mailto:Licensing@azinsurance.gov)
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

- ☐ **Retain these instructions for your records.** Do not submit these instructions with your license application.
- ☐ **Send your application materials and fees to**  
**INSURANCE LICENSING SECTION, 2910 N 44<sup>TH</sup> ST # 210, PHOENIX, ARIZONA 85018-7269**

## INSTRUCTIONS FOR FORM L-176

### Insurance License Application for a Business Entity

*Do NOT use Form L-176 to renew a license. Use Form L-192 to renew a business entity*

*Do NOT use Form L-176 to obtain a license for a sole proprietorship. Individuals must use Form L-169 to apply for an insurance license and Form L-193 to apply to use an assumed name.*

*Do NOT use Form L-176 to apply for a rental car agent license or a self-service storage agent license. Use L-RCA for rental car agent and Form L-SSA for self-service storage agent.*

**This set of application and instructions may be used until June 30, 2011.**

*If submitting an application after June 30, 2011, obtain the current application from the PRODUCERS page of the Department of Insurance web site ([www.azinsurance.gov](http://www.azinsurance.gov))*

#### **KEEP THESE INSTRUCTIONS -- Do not return them with your license application**

**A1. OFFICE LOCATIONS.** If the applicant transacts business under the insurance license at any office location other than the physical street address provided in Section I, submit Form L-LOC with the application.

**A2. FEES.** You must pay a **NON-REFUNDABLE** fee [ARS § 20-167(B)] made payable to **INSURANCE LICENSING SECTION**. You can pay all your fees in one check or money order. We are unable to accept credit cards. Fees for applications received before June 30, 2011, are as follows:

- **Insurance Professional License** (for all lines other than Surplus Lines):  
**\$120.00 for one or more lines of authority** (meaning \$120 in total, regardless of the number of non-surplus lines broker lines of authority for which you are applying).
  - The same fee is required to add non-surplus-lines authority to an existing license.
  - Added authority expires on the same date as existing authority.
  - Fees are not prorated per ARS § 20-167(B).
- **Surplus Lines Broker License**: The fee for Surplus Lines Broker or Mexican Insurance Surplus Lines Broker depends on the term of other authority on the Arizona insurance license, as follows:
  - To add the authority to an existing Arizona insurance license that has a remaining term of two years or less: **\$500.00; OR**
  - To add the authority to an Arizona insurance license that has a remaining term of more than two years, or coincidental to obtaining an Insurance Professional License: **\$1,000.00**
  - Surplus Lines Broker License authority expires on the same date as other authority on the Insurance Professional License.
- **Insurance Professional License authority AND Surplus Lines Broker License authority**: If you are simultaneously applying for surplus lines authority and insurance professional authority, you must pay **\$1,120.00** -- the fee for the surplus lines authority plus the fee for the insurance professional authority.
- **FBI Fingerprint Processing Fee**: If you are required to submit fingerprint cards as part of your license application (see Paragraph A5(a), "Fingerprint requirement," for details), your payment must include **\$24.00** (subject to change) for each card submitted. *The FBI processing fee is not related to your cost fingerprints applied to a fingerprint card.*

**A3. IF YOU ANSWERED “YES” TO ONE OR MORE OF THE QUESTIONS IN SECTION V, you must include:**

- a)** a SIGNED statement describing **in detail** all incidents including
  - names of all parties involved,
  - dates and locations,
  - the names and localities of any courts and/or administrative agencies involved,
  - the disposition of each matter,
  - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
- b)** Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. *If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*

**A4. ASSUMED NAME (OR DBA).**

- While conducting insurance business, you are required *by law* to use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name.
- To use an assumed name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office ([www.azsos.gov](http://www.azsos.gov), or 602-542-6187) to prevent the name from being claimed by others (and relinquished by you).
- We will disallow the use of an assumed name if the name is being used by another licensee or if the name could mislead or deceive the public as to the nature of business to be transacted.

**A5. IF APPLICANT IS ORGANIZED WITHIN ARIZONA OR APPLICANT IS APPLYING FOR AN ARIZONA-RESIDENT INSURANCE LICENSE:**

*NOTE: If the business entity is organized outside Arizona, the documents from the domiciled state must show an Arizona address as the principal location. ARS 20-281(4)(b).*

- a) Fingerprinting requirements.** You must submit a fingerprint card (Form FD-258) containing the professionally applied fingerprints and a FBI Fingerprint Processing Fee (see Section A2 of these instructions) for each member, officer and director (principals, trustees, etc.) for whom we have not received a fingerprint card within one year of the date we receive the business entity application.

- b) Organization documents.**

*If the applicant is a corporation or limited liability company,*

- Submit a copy of the articles of incorporation or articles of organization, stamped as “**filed**” with the Arizona Corporation Commission. The articles must show the business entity will be acting within its scope when acting under its insurance license, and must show that the primary business address is within AZ.
- If the business entity has been active for more than one year, include an original “**Certificate of Good Standing**” from the Arizona Corporation Commission as evidence that the applicant is in good standing.

*If the applicant is a partnership,*

- Submit with the application a copy of the written **partnership agreement** and **certificate of registration** which has been stamped as “recorded” in the office of the Arizona Secretary of State [(602) 542-6187], or if organized outside Arizona, stamped as “recorded” with the official office in which the partnership was recorded. The agreement must show that the primary business address is within AZ.

*If the applicant is a business trust,*

- Include a copy of the filed and recorded trust agreement.

#### **A6. IF APPLICANT IS APPLYING FOR A NONRESIDENT LICENSE:**

- For the license authority requested in Section II of the application, a nonresident applicant **MUST** hold an active resident license in the applicant’s home state (a US state or territory). If applicant holds authority in its home state that is not listed in Section II, check the “Other” box and write the line of authority on the “Other” line.
- We will check the National Insurance Producer Registry (“NIPR”) or other state insurance department web sites to determine whether the applicant is licensed in good standing in its home state. If we are unable to verify home state status via these methods, we will ask the applicant to furnish a letter of certification from the home state.
- To operate a business in Arizona, a non-resident corporation or limited liability company may need to obtain authority from the Arizona Corporation Commission, and a limited partnership may need to obtain a certificate of registration from the Arizona Secretary of State. Other requirements for operating a business in Arizona may apply.

#### **ADDITIONAL REQUIREMENTS FOR SPECIFIC LICENSE TYPES**

**B1. Non-resident Adjuster** applicants must complete Form L-181.

#### **B2. Bail Bond Agent**

- Submit (with the surety’s power of attorney) and maintain throughout the term of the license a \$10,000 surety bond using **Form L-195**.
- A bail bond agent may not employ or assist in the employment of any person who has been convicted in any jurisdiction of
  1. any felony,
  2. any theft conviction (misdemeanor, felony etc) or;
  3. any felony or any crime involving carrying or the possession of a deadly weapon or dangerous instrument. ARS § 20-341.03(A)(9).
- Each owner and stockholder must also be licensed as a bail bond agent. ARS § 20-341.01(B). Use “OWNER” or “STOCKHOLDER” as the title in Section III to identify each owner and stockholder of the business entity.
- Each bail bond agent shall have and maintain a place of business in this state that is accessible to the public and where the bail bond agent principally conducts transactions under the agent’s license. ARS § 20-341.01(B)

### **B3. Managing General Agent**

- Have Form L-107 completed by an authorized official of the insurance company with which you have a contract and submit the form with your application.
- Submit a surety bond executed on Form L-106, or cash, a certificate of deposit, or securities eligible for investment pursuant to Title 20, Ch. 3., Art. 1 and 2, for the amount calculated on Form L-107.

### **B4. Surplus Lines Broker or Mexican Surplus Lines Broker**

- To transact surplus lines insurance in this state, each individual and each business entity must possess a surplus lines broker license issued by the Arizona Department of Insurance. ARS § 20-411(A).
- If the individual and business entity will only be selling, soliciting or negotiating alien insurance for coverage in Mexico (pursuant to ARS § 20-422), the individual and business entity may each apply for a Mexican Insurance Surplus Lines Broker license in lieu of applying for a full Surplus Lines Broker license.
- You must identify on Form L-LOC the individuals within each office location who hold Arizona surplus lines licenses.
- A business entity must have, in each of its offices where the entity transacts surplus lines insurance in this state, at least one individual who is licensed by the Arizona Department of Insurance as an insurance producer authorized for property or casualty insurance and also licensed as a surplus lines broker. ARS §§ 20-411(E).

### **B5. Title Agent**

- Submit a **letter of authorization** from the Arizona-admitted title insurance company that the applicant will represent subject to being issued a license.
- Title agent names must also comply with ARS § 20-1583(A) naming requirements.
- A title agent may only be a domestic or foreign stock corporation or LLC.

**NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.**

**THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.**

# INSURANCE LICENSE APPLICATION FOR A BUSINESS ENTITY (FORM L-176)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE ON OR BEFORE 6/30/2011

1. Form L-176 is not for use by rental car agents (see Form L-RCA) or self-service storage agents (see Form L-SSA).
2. Do NOT use Form L-176 to renew a license (see Form L-192).
3. A business entity must formally establish itself before applying for an insurance license. See Instructions A5 and A6.
4. **CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.**
5. Complete BOTH SIDES (printed in ink or typed) of this form and fulfill all other requirements described in the enclosed instructions. Most additionally required forms are available on our Internet web site, at [www.azinsurance.gov](http://www.azinsurance.gov)
6. Remove any stubs from your check or money order and staple your payment to the front of this page in the location indicated (immediately below SECTION II).
7. Send your application materials and payment to:

**INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269**

## SECTION I: BUSINESS INFORMATION

Full Name of Business Entity		FEIN (a.k.a. Federal Tax ID Number ##-####-####)	
Physical street address* of business (may not be P.O. box)		City	State Zip Code
Mailing address to appear on license (if blank, the physical address will appear)*		City	State Zip Code
Area Code/Telephone Number	* The <u>physical street address</u> may not be a post office box. The <u>mailing address</u> may be either a street address or a post office box. You must complete Form L-LOC if you have any additional office location(s).		

## SECTION II: LICENSE SELECTION

Write an "X" to the left of the license authority for which you are applying. Except for Title Agent or Managing General Agent, you may only apply for lines of authority for which your Designated Responsible Licensed Producer (see Section IV) is individually licensed.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Life Producer                                 | <input type="checkbox"/> Property Producer       | <input type="checkbox"/> Surplus Lines Broker                   | <input type="checkbox"/> Property & Casualty Managing General Agent      |
| <input type="checkbox"/> Accident and Health or Sickness Producer      | <input type="checkbox"/> Casualty Producer       | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker | <input type="checkbox"/> Life Managing General Agent                     |
| <input type="checkbox"/> Variable Life and Variable Annuities Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Adjuster                               | <input type="checkbox"/> Accident/Health/Sickness Managing General Agent |
| <input type="checkbox"/> Credit Producer                               | <input type="checkbox"/> Title Agent             | <input type="checkbox"/> Bail Bond Agent                        | <input type="checkbox"/> Other _____                                     |

## SECTION III: PRINCIPALS OF THE BUSINESS ENTITY

List the names and titles of all directors and officers if a corporation; partners if a partnership; members and managers if a limited liability company; trustees if a trust; etc; and owners and stockholders if an applicant for a bail bond agent license. Attach a signed and dated list if additional space is needed. **See fingerprinting requirements in Instructions A2 and A5.**

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

## SECTION IV: DESIGNATED RESPONSIBLE LICENSED PRODUCER

Enter the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws. If you are applying for a title agent license or managing general agent license, you do not need to provide a license number for the designated producer. **If you have branch locations in Arizona, you must attach form L-LOC on which you must identify a designated responsible licensed producer for each location.**

Name:	AZ License #:
-------	---------------

### SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

License Type(s): _____	<input type="checkbox"/> 56 Quad Other (120)	TF#: _____
License Number: _____	<input type="checkbox"/> 58 Quad SLB (1,000)	PDB Checked <input type="checkbox"/>
Issue Date: ____/____/____	<input type="checkbox"/> 18 Pro SLB (500)	License Tech Initials _____
Expiration Date: ____/____/____	<input type="checkbox"/> 66 Fingerprint (24 X _____)	

CONTINUED ON THE FOLLOWING PAGE

L-176 (Eff. 07/2009)

## SECTION V: ADDITIONAL INFORMATION

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony, misdemeanor or open-ended offense. A "NO" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or if licensee had its civil rights restored, had a plea withdrawn or if applicant has been given probation, a suspended sentence, was issued a fine, successfully completed a diversion program, etc. **If "YES" is answered, refer to Paragraph A3 of the "Instructions for Form L-176."**

A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following: 1. A felony (of any kind)? ..... 2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?..... 3. Forging another's name to any document related to an insurance transaction? ..... 4. Withholding, misappropriating, converting or stealing money or property? ..... 5. Committing an insurance unfair trade practice or fraud? ..... 6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?.. 7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?..... 8. Transacting, or helping someone else transact, insurance without the required license authority?..... 9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance? .....	 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is <b>ANY</b> case currently pending against the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license in any jurisdiction accusing you of any issue listed in Question C?:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i>  <i>Otherwise</i> , has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument that has not been previously disclosed in a written format by you to this agency?.....	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate with an "X" which of the following two statements is true:

- ☐ The firm transacts business at locations other than that identified in Section A of PART I. Attach **Form L-LOC** listing the other locations and, for each location, listing the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.
- ☐ The firm does not transact business at locations other than that identified in Section A of PART I.

## AFFIDAVIT OF VERIFICATION

(must be completed and signed by an individual listed in Section III or IV of this application.)

\_\_\_\_\_(printed name) hereby say: I am an authorized individual who represents the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona. I have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct. I acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license. I understand that pursuant to ARS § 20-291, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Process service on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.

By: \_\_\_\_\_  
Signature of Authorized Representative Title Date